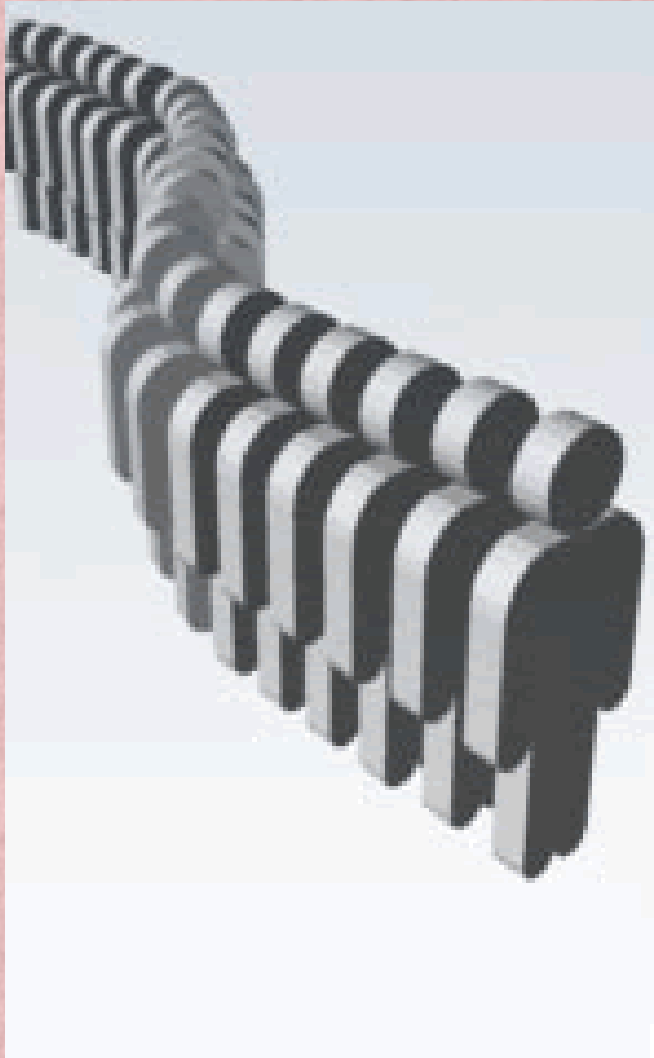


**THE STATE OF INDIANA'S
COMMUNITY LIVING GRANT
REDESIGNING THE DELIVERY OF HOME AND
COMMUNITY BASED SERVICES**

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LifeTime Resources Inc.**

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REAL Services Inc.**

The Problem



**Waiting lists
for
in-home services
had become
the norm**

What did we do

- Using local funding, hired 3 Service Coordinators to address the waiting list **without use of federal or state grants**
- Established a cost share program for homemakers and meals
- Established a robust telephone screening process within the Aging and Disability Resource Center (ADRC)

The Result



**Eliminated
the waitlist within
2 years**

What we learned

- Local communities could & would help, particularly with temporary or one time needs
- Clients could & would pay a fare share for their services
- There were sources of assistance that clients weren't accessing
- Providing information & direction is a valued service and vital to support independence
- Making a greater time investment on the front end, saves money on the back end

Continued

What we learned

- When there is no eligibility requirement, the conversation focuses on need
- When there is no access to funding, the conversation focuses on other resources
- Focusing on need & available resources, results in a reduction in the number of individuals requiring assistance through our limited federal & state resources
- We had changed from an eligibility based culture to a needs and resources based culture

Need and Resource Protocol

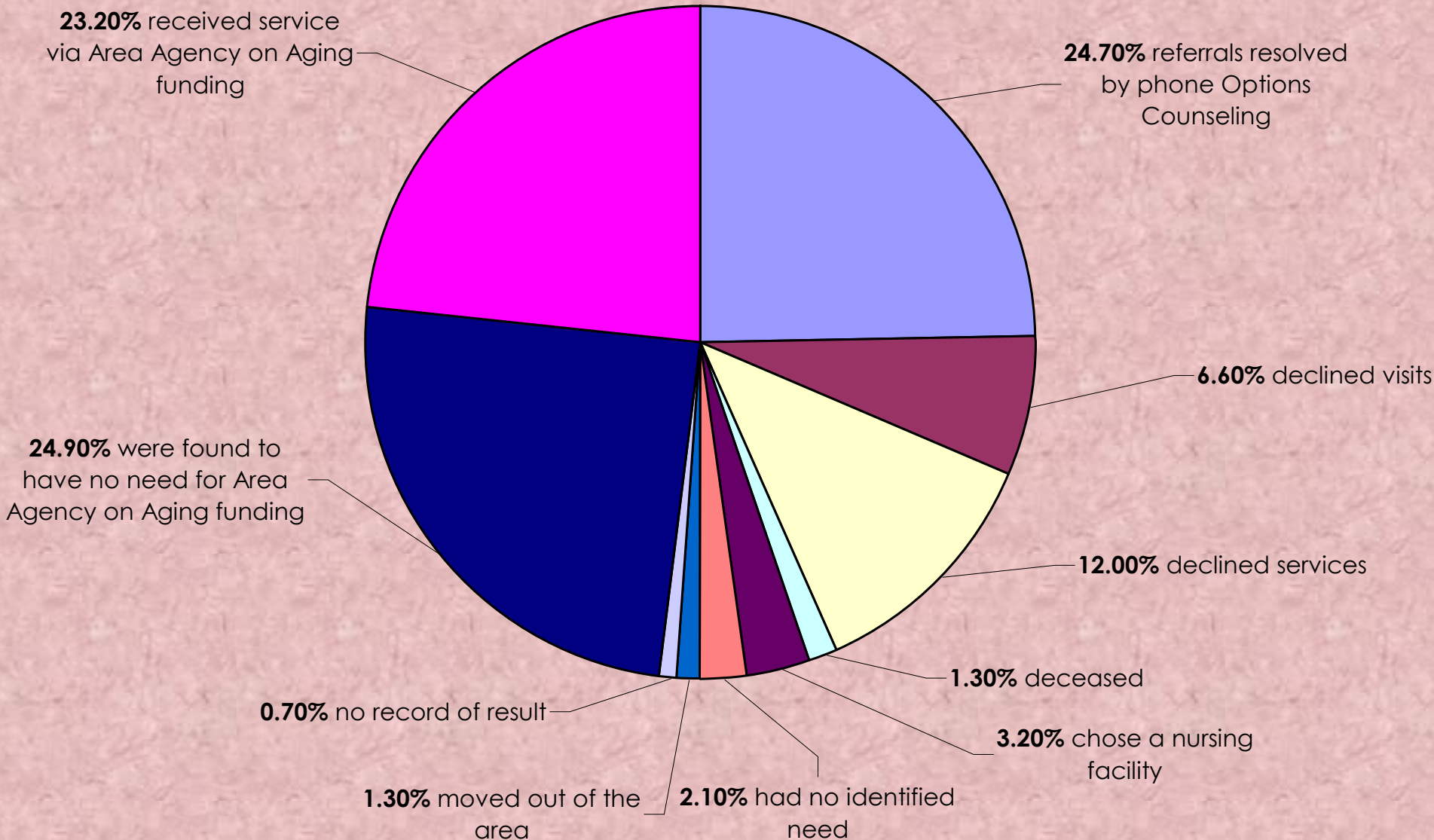
Explore Solutions in this order

- Other Formal Resources
- Informal Resources – family, friends, etc
- Purchased service
 - Determine cost
 - Determine source of payment
 - 100% PP
 - Partial PP – cost share
 - No cost (donation based)

Outcomes

- Improved access to other formal resources
- More family & informal support involvement
- Proof that appropriate cost sharing works
- No waiting list; better targeting of limited resources to those most in need
- Compliments not complaints

Per July – Dec 2012 Data



The Community Living Program

Experiment

- The Division of Aging received a CLP grant from the Administration on Aging
- Scripps Gerontology Center studied and documented the *LifeTime* model
- Scripps conducted 2 client satisfaction surveys - satisfaction was high

Continued

The Community Living Program **Experiment**

REAL Services:

- Implemented and enhanced the model
- Proved that the model worked in a large urban area
- Developed tools and processes for model replication

The Old Real Services Culture

- We took care of people – we did **for** them.
- Once someone came onto a service we kept them there.
- We opened the full menu for them up to the limits of the funding source.
- If someone was eligible then there must be a need.
- We did not expect clients to improve.
- Believed asking people to contribute to their

The Change

- Need should be the only consideration in driving a care plan and need should reflect a person's ability to remain safely in their home.
- **All** needs should be captured and addressed
- Prognosis is a critical consideration
- Give only what is needed and no more
- Doing with empowers, doing for takes away
- Work toward stabilization and improvement

CRITICAL NEED

- A critical need is defined as one that is integral to **insuring a client's safety and/or well being**. A critical need is also a service that is needed to keep an individual out of a nursing home and ensure their safety in the community.
- A critical need is not necessarily a skilled service or a hands on service. A critical need service must be defined in the context of the client's situation.
- An individual who has skilled needs may not have any "critical" needs.

Continued

Examples:

- Ms. Smith has no one to do her laundry and she is unable to manage the stairs safely to take her laundry downstairs. Without the ability to wash her clothing she may consider moving to a nursing home to insure that she receives the minimal help she needs. In this case, Homemaker is a critical service for Ms. Smith
- Ms. Jones has a difficult time cleaning her home. She manages but it takes her a long time. She could use some help with deep cleaning and even with some of the regular cleaning on days she's not feeling well. In this case, Homemaker is a non-critical service for Ms. Jones.

Making the Change

- Hired Resource Counselors
 - Non case management backgrounds
 - Engage families from the onset
 - Develop Action Plans
 - Authorize services for critical needs

- Energized the ADRC/Intake
 - Include income in the discussion with callers
 - Transfers those with complex situations, cognitive impairment and intense needs to Resource Counselors

Client Satisfaction Impact

CLIENT SATISFACTION SURVEY RESULTS	Face to face contacts	Phone contacts
Were they polite and courteous?	100%	100%
Did you find them helpful? (offering direction or suggestions)	100%	100%
Were you able to follow up on the information they gave you?	96%	100%
Yes - did you get what you needed?	100%	100%
Would you call us again if your needs changed?	100%	100%
Would you recommend us to a friend?	100%	100%
May we call you again in 6 months to see how you are?	97.6%	100%

PROJECTED SAVINGS

The following projections are based on
Area 2's client base of 1642 individuals as of 10/2012

	Average monthly cost
Pre-implementation	\$ 647.70
Post-implementation	\$ 175.66
Difference	\$ 472.04

Funding Source	Average cost	Client numbers	Annual cost	Annual cost at \$175.66 monthly
Choice Elderly	\$ 681.00	183	\$ 1,495,476	\$ 385,749
Choice Disabled	\$ 586.00	27	\$ 189,864	\$ 56,914
SSBG	\$ 293.00	100	\$ 351,600	\$ 210,792
TIII	\$ 276.00	39	\$ 129,168	\$ 82,209
A&D Waiver	\$ 681.00	1293	\$ 10,566,396	\$ 2,725,540
TOTAL			\$ 12,732,504	\$ 3,461,204
Total Annual Cost Savings all funding				\$ 9,271,300
ANNUAL MEDICAID WAIVER COST SAVINGS				\$7,840,856

DETERMINATION OF NEED:

- What was critically needed and what was not;
- Authorizing short term services based on prognosis; and
- Authorizing specific tasks for a service as opposed to approaching services in a broader manner

The Message...

The reality is that we serve no one when all we offer is a waiting list. A waiting list that is several years long doesn't even offer hope.

***This is about serving more
not serving less.***